

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
STATE DIRECTOR JOHN H. MAGILL**

**PIEDMONT CENTER FOR MENTAL HEALTH SERVICES  
EXECUTIVE DIRECTOR JOE JAMES**

**Fall 2011**

DMH  
OPERATES A  
NETWORK OF  
SEVENTEEN  
COMMUNITY  
MENTAL HEALTH  
CENTERS,  
42 CLINICS,  
FOUR  
HOSPITALS,  
THREE  
VETERANS'  
NURSING  
HOMES, AND  
ONE  
COMMUNITY  
NURSING HOME.

### DMH HOSPITALS AND NURSING HOMES

#### Columbia, SC

G. Werber Bryan Psychiatric  
Hospital

William S. Hall Psychiatric  
Institute (Child & Adolescents)

Morris Village Alcohol & Drug  
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care  
Center - Stone Pavilion  
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care  
Center - Roddey Pavilion

#### Anderson, SC

Patrick B. Harris Psychiatric  
Hospital

Richard M. Campbell  
Veterans Nursing Home

#### Walterboro, SC

Veterans Victory House  
(Veterans Nursing Home)

## DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

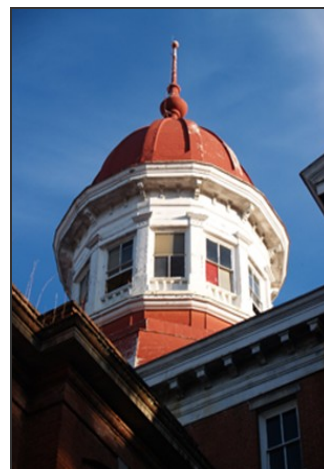
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH  
MISSION:  
TO SUPPORT  
THE RECOVERY  
OF PEOPLE  
WITH  
MENTAL  
ILLNESSES.



Babcock Building Cupola



## PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

20 Powderhorn Road

Simpsonville, SC 29681

(864) 963-3421

(864) 271-8888 (Crisis Line)

County Served: South Greenville County

## PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

In 1977, the Piedmont Center for Mental Health Services (PCMHS) was officially organized and funded to provide service in leased facilities in Simpsonville and Greer. PCMHS operations have grown to include its main facility in Simpsonville, a satellite clinic in Greer, four residential care facilities, and two community integration day programs.

The PCMHS provides an array of assessment, psychotherapy, and treatment services to adults, children, and their families who are experiencing a wide variety of mental health problems.

The goals of the center's services are to resolve the presenting problem, to enhance individual and family functioning, to enable individuals with serious mental illness or emotional disturbance to remain in the least restrictive environment, to improve the coping skills of the individual and/or his/her family, and to ensure integration with other services in the community.

PCMHS meets these goals by providing crisis intervention, psychiatric assessments, triage, referrals, individual, family, and group therapy, vocational and rehabilitative services, residential treatment, peer support, case management, and more.

PCMHS serves clients living within southern and eastern Greenville County, including the towns of Simpsonville, Greer, Mauldin, Fountain Inn, Piedmont, and Taylors.

During FY'11, PCMHS provided 68,737 services to 1,726 children and 3,379 adults. Since 1979, PCMHS has provided over 2,070,500 services/outpatient contacts to adults, children, and families who are impacted by mental illness.

All DMH facilities are licensed or accredited; PCMHS is accredited by the Commission on Accreditation of Rehabilitation Facilities.

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### Numbers at a Glance for Fiscal Year 2011

	<i>Piedmont Center for Mental Health Services</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	3,379	59,427
<i>Child Outpatients Served</i>	1,726	30,058
<i>Total Outpatients Served</i>	5,105	89,485
<i>Population</i>	215,000	4,625,364
<i>Clinical Contacts Provided</i>	68,737	1,175,482
<i>School-Based Schools</i>	11	388
<i>Children Served by School-Based Programs</i>	735	12,064
<i>Supported Community Living Environments</i>	190	3,395





Wilma Gosnell,  
Board Chair



David Russell,  
Board Member



Joe James,  
Executive Director

## WILMA GOSNELL AND DAVID RUSSELL – BOARD MEMBERS

Wilma Gosnell, a board member for more than 10 years, joined the PCMHS Board at the request of good friend and fellow mental health advocate, former Greer City Mayor Shirlee Rollins.

David Russell, a PCMHS board member for three years, has worked in Education for many years. Currently a system wide after-school program coordinator, Russell said, "I've seen first hand the tremendous benefits school-based mental health programs have on kids in our community. It's an unbelievable asset for schools to have that resource." Both Gosnell and Russell would like to see

school-based programs expanded, especially in light of increased levels of bullying and student suicides.

"I'm impressed with the dedication of the staff and the leadership of Center Director James. Even with budget cuts, they still deliver first rate services," said Gosnell. Russell concurred, stating the staff has been very resourceful. "We've been challenged to do more with less; all the centers throughout the state are facing diminishing resources. I salute them for doing an outstanding job with the resources that they have, but it takes everybody pulling together to make a difference. Necessity has encouraged

increased community collaboration. Now, if there is a gap somewhere and we don't have the resources to fill it, others in the community work to fill it."

Both members continue to look for ways to raise funds. Russell said, "In South Carolina we're all struggling with this problem. Center Director James addresses needs as they arise to help staff adapt to new circumstances. My hope is for more county appropriations; every penny or dollar helps us hire more medical staff, nurses, and nurse practitioners, who allow us to lower the clinician-client ratio and better meet client needs."

## JOE JAMES – EXECUTIVE DIRECTOR

Joe James graduated from Furman University and taught school for two years before he was "invited to join" the Army in 1960. Because he had taken quite a few psychology classes, the Army placed him in neuro-psychiatric services. He trained at Fort Sam Houston, San Antonio, Texas. He was assigned work in the psychiatric section of Walter Reed Hospital on the "milieu therapy" research ward, working with young soldiers diagnosed with Schizophrenia. After leaving the Army, James married, attended the University of North Carolina, Chapel Hill on scholarship, and obtained a Master of Social Work degree.

In 1964, James accepted a position at Greenville Mental Health Center. While there, he wrote two grants: one to

staff a child and adolescent program and the other was the initial operations funding grant for PCMHS. In 1977, James got a call from U.S. Senator Ernest "Fritz" Hollings' office saying that the grant was approved. James is proud to be the first and only center director of PCMHS and an employee of DMH for 47 consecutive years.

"I've been a DMH employee a long time," James noted. "These are some of the most serious economic times we have ever faced. The best thing we can do is continue to do our best. I'd like to reward staff more for what they do and to be able to provide more training opportunities, but right now it's not economically feasible. Fortunately, video training has helped to bridge that gap."

James continues to evaluate the needs of the mental health system; he believes that there are some long-term patients at both the Patrick B. Harris Psychiatric and Bryan Psychiatric hospitals who could be successfully moved into community residential care facilities, if adequate supportive resources were available.

"As a Center we excel at initiating new and innovative programs and we are especially good at running community residential care facilities and school-based programs," said James. He noted that with federal grants' support, PCMHS initiated the first school-based mental health program and the first Multi-Systemic Therapy (MST) Family Preservation Program in South Carolina.



## DR. LYNN WRIGHT – MEDICAL DIRECTOR

Medical Director Dr. Lynn Purcell Wright, a graduate of Furman University and the University of South Carolina School of Medicine, was the only one in her class who chose to specialize in Psychiatry. After reading her first book in psychopathology, she realized she found the human mind fascinating. The majority of her residency was done at the William S. Hall Psychiatric Institute, a DMH training facility that now serves the child and adolescent population. As a board certified general psychiatrist, she gained a wealth of experience

working with both children and adults for many years in a large private practice, as well as in the public sector at Spartanburg Area Mental Health Center. To devote time and attention to her two young children, she eventually cut back to part-time contract work. In March of 2011 she joined the PCMHS leadership team, filling the position of medical director.

“As the new medical director I have begun to focus on boosting professional camaraderie among the medical staff and I hope to reinforce a con-

solidated philosophy of commitment to excellence,” said Wright. She has a passion for teaching and is looking forward to PCMHS becoming a training site for the new psychiatry residency program in partnership with Greenville Hospital System.

One of her primary concerns is the plight of the 18 – 24 year old population and its unique needs. Services are often cut when a child turns 18, though the need for services remains. Dr. Wright’s goal is to find ways to improve transitional services.



Dr. Lynn Wright,  
Medical Director

## STEPHANIE WIRTHLIN – TLC COORDINATOR

The Toward Local Care (TLC) program is an initiative to return clients with persistent and severe mental illnesses experiencing multiple and/or long-term psychiatric hospitalizations back to the community. TLC focuses on providing clients with the supports necessary to successfully maintain community placement in the least restrictive environment possible. Services include assistance with daily living, housing and employment. PCMHS currently serves 123 adults in this program.

In partnership with Mental Health America of Greenville County and the Upstate Homeless Coalition, PCMHS provides TLC case management services for supported independent living at several locations. These include 12 apartments at Hillcrest Heights in Simpsonville, 18 apartments at Sunset Village in Fountain Inn, and 20 apart-

ments at Victor Village in Greer. Additionally, partnerships forged with private property owners provide additional housing throughout Greenville County.

TLC services are supervised by Stephanie Wirthlin who has a Bachelor of Arts degree from Clemson University and a Master’s degree in Social Work and Public Administration from West Virginia University. Since coming to the Center in 2001, she has worked in case management, community outreach, and serves as hospital liaison at Patrick B Harris Psychiatric Hospital. “I have the opportunity to help clients make real changes in their lives. I’m a case manager, not a therapist. My role is to teach clients to resolve problems and help them find resources to deal with their issues,” said Wirthlin.

Wirthlin is also the PCMHS’s coordinator for Greenville

County Mental Health Court (MHC), a diversion program, allowing people with mental illness who have been arrested and have criminal charges pending, to participate in a year-long treatment-focused program in lieu of prosecution. When the participant successfully completes the program, his or her charges are dropped and expunged from his or her record. MHC operates through the collaboration of the Greenville County Probate Court, Greenville County Detention Center, Greenville County Solicitor’s Office, and Greenville and Piedmont Mental Health Centers. Since the program started it has had 54 participants and 30 graduates; it currently has six active cases. The mission is to get participants well, back on track, and after a year or more of treatment to have resolved their charges and taught them the skills to not re-offend.



Stephanie Wirthlin,  
TLC Coordinator

TLC FOCUSES  
ON PROVIDING  
CLIENTS WITH  
THE SUPPORTS  
NECESSARY TO  
SUCCESSFULLY  
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COMMUNITY  
PLACEMENT IN  
THE LEAST  
RESTRICTIVE  
ENVIRONMENT  
POSSIBLE.

## **PETE CAMELO—CAF SERVICES AND FLEX-CARE SUPPORT SERVICES DIRECTOR & BRENDA LIPE—SCHOOL-BASED SERVICES PROGRAM CHIEF**



Brenda Lipe,  
School-based Services  
Program Chief



Pete Camelo,  
CAF Services and FLEX-Care  
Support Services Director

In 1986, former professional Montreal Expos baseball player Pete Camelo got his first exposure to counseling when he volunteered to be his team's committee member in the "Just Say No to Drugs" campaign. The Committee met fairly regularly and he became acquainted with a variety of professionals in the counseling and education fields. That experience inspired his enthusiasm for counseling. He left baseball and worked for the Coca-Cola Company in Atlanta, Ga. for a brief period of time before entering the Georgia State University family counseling graduate program. Hired at PCMHS in 1992, Camelo currently serves as the director of the Child, Adolescents and Families (CAF) program and director of FLEX-Care support services.

The FLEX-CARE support services program (previously WRAP-Around Services) was designed to provide an array of traditional, non-traditional, and supportive services to address the varied and often complex clinical issues presented by clients. Bachelor's and Master's level part-time staff offer a variety of services tailored to meet the many critical care needs of clients. "We utilize this program in several ways. FLEX-CARE staff provide supplementary care (Behavior support) to our clients outside of the therapy office. This program also

utilizes credentialed staff in a triage capacity. This allows us to expedite intakes and begin treatment much earlier. Our FLEX-CARE staff have the ability to provide transportation if the families have logistical barriers in receiving our services. The FLEX-CARE Program has been developed in a manner that is both cost-effective and efficient in its delivery of care. This Program's effectiveness can be attributed to its integration with existing programming, client satisfaction, provider buy-in, and cost containment," said Camelo.

School-based Program Coordinator Brenda Lipe grew up in the hills of North Carolina with a love of children and a strong desire to be a caregiver. After obtaining a master's degree in Psychology from Clemson, she found her niche as a school-based counselor. For 17 years she has worked in the same school. "I love to work with children and their families because that's where we see so many positive changes," said Lipe.

DMH school-based programs originated in the Piedmont area in 1993, when South Carolina was one of six states to receive a grant funded by the Maternal Child and Health Bureau, which allowed the Family and Neighborhood Schools (FANS) program to be launched at Bryson Middle School. Camelo explained,

"A mental health counselor was placed in Bryson Middle School, students had easier access to the help they needed as our coordinated efforts helped address the concerns of the client, their family, and their school."

In FY'11, the PCMHS school-based program counselors were located in seven elementary schools, three middle schools, and one high school. School based counselors place great value on early identification and intervention, and work to maintain a proactive, preventive approach to services. "School-based therapists have the benefit of access. Information is much more available and immediate than in traditional clinical settings. If a child has a problem in the morning we typically see the child that day," said Camelo. The program tailors its services to the specific needs of the schools. Therapeutic services take up the majority of counselors' time, but counselors also provide some parent education. The PCMHS school-based program collaborates with outside resources, frequently partnering with members of the community, including churches, Big Brother/Big Sister mentoring programs, Building Dreams, and more.

During FY'11, PCMHS provided services to 1,726 children.

"I LOVE TO WORK WITH CHILDREN AND THEIR FAMILIES BECAUSE THAT'S WHERE WE SEE SO MANY POSITIVE CHANGES," SAID LIPE.

## **DAVID BLONDEAU—ADULT SERVICES PROGRAM COORDINATOR & PATRICIA STEEN—MIDLANDS ADULT SERVICES COMMUNITY RESIDENTIAL CARE FACILITY (CRCF) COORDINATOR**

In 1991, David Blondeau came to PCMHS as a case services program coordinator working with aftercare clients. In 1997, his duties expanded when he accepted the position of Adult Services program coordinator. Blondeau manages adult services in the Simpsonville and Greer outpatient clinics, which typically serve about 3,000 clients yearly and another 200 in the CRCF program. Outpatient services include psychiatric medical assessment, nursing services, crisis intervention, assessment, individual and group therapy, and dialectical behavioral therapy.

“My goal is to expand options for adults with mental illness. There is a crucial need for more housing options; right now we only offer single occupancy and residential care.

I’d like to see us provide housing options for married couples and families with children,” said Blondeau.

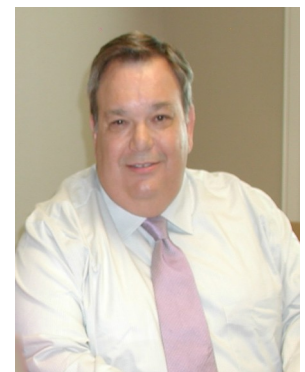
PCMHS Midlands Residential Services program manager Patricia Steen is passionate about providing services for the chronically mentally ill. People with serious and persistent mental illness (SPMI) tend to do better clinically when they live in the community rather than in state mental hospitals. Clients get better faster and stay better longer when they live and receive services in their community. The closeness of family, friends, and community support aids the recovery process. The Residential Treatment program has personnel trained to provide a safe therapeutic atmosphere in a home-like setting for specialized populations.

PCMHS CRCFs include McKinney House, Generations of Monetta, Piedmont Pathways, and Turning Point.

McKinney house has 10 beds and was the first residential facility to serve the deaf and hard of hearing in the Southeastern United States. Piedmont Pathways assists clients in the transition from hospitalization to community living. It operates 15 beds and serves adults with SPMI who have previously been institutionalized for 90 days or more, or have had three or more psychiatric hospitalizations in the past 12 months. Together, Generations of Monetta and Turning Point provide 26 beds for the forensic population. Turning Point is working toward expanding its facilities with another six beds in the near future.



Patricia Steen,  
Midlands Adult Services  
CRCF Coordinator



David Blondeau,  
Adult Services  
Program Coordinator

## **HOLLY MAY—DEAF SERVICES PROGRAM MANAGER**

Holly May, MA LPC, has worked with DMH Deaf Services for 11 years, eight of them at PCMHS. May provides direct care and consultative work statewide. With approximately 250 active cases, DMH Deaf Services provides regional and statewide counselors, and services to the McKinney House group home and Patrick B. Harris Psychiatric Hospital. DMH Deaf Services also provides consulting services to DMH’s William S. Hall Psychiatric Institute, an inpatient hospital dedicated to the care of children and adolescents with mental illness, and to

Morris Village, an inpatient drug and alcohol treatment facility.

“In the US, DMH is one of three mental health systems that provide deaf services statewide. We are unique,” said May. “We have a large group of staff fluent in sign language, and other state agencies often come to us for advice and consultation. We frequently collaborate and participate in programs to educate the community about deafness.” DMH Deaf Services staff also provides training and orientation about the deafness and mental illness to law enforcement personnel at

Crisis Intervention Training provided by the National Alliance on Mentally Illness.

People often underestimate deaf clients’ abilities. May said, “My staff and I are here to provide the same services that are provided for the hearing, in a culturally and linguistically appropriate context. We also help the hard of hearing. We don’t want anyone falling through the cracks due to communication problems. We provide quality services and Center Director James supports us in this.” For more information on DMH Deaf Services go to <http://www.deafmh.org>.



Holly May,  
Deaf Services  
Program Manager



TO SUPPORT THE RECOVERY OF  
PEOPLE WITH MENTAL ILLNESSES.

## SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street  
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

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WWW.SCDMH.ORG

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## PIEDMONT CENTER FOR MENTAL HEALTH SERVICES

20 Powderhorn Road  
Simpsonville, SC 29681

Administration - (864) 963-3421

Crisis Line - (864) 271-8888

Greer Clinic  
220 Executive Drive  
Greer, SC 29651  
864-879-2111

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## RECOVERY SPOTLIGHT – GRETA G.

Greta G. became a client of the South Carolina Department of Mental Health in April 2003, when, at the age of 22, she was diagnosed with Paranoid Schizophrenia. Over the next year she was hospitalized several times due to intrusive symptoms which dramatically impeded her ability to care for herself.

Admitted to Patrick B. Harris Psychiatric Hospital in February 2004, PCMHS TLC staff met with HPH Social Work staff to develop a plan to help Greta on her road to recovery. Greta's family was brought in to discuss options and offer input. Greta agreed to the suggested course of treatment and she was

started on Clozaril. Two months later, Greta was placed in a community care home so that she could receive intensive outpatient services while her medications were fine tuned.

Within a few short months Greta was showing a dramatic improvement in her symptoms and was ready for greater independence. Her goal was to live independently, rather than to return to her family's home. Greta was referred to Gateway House for rehabilitative psychosocial services. Within a short time an apartment vacancy became available and with the support of Gateway and PCMHC's TLC staff Greta moved into her own apart-

ment where she still lives with her cat, Smudge.

Since 2005, Greta has continued her education, studying Small Animal Care and Veterinary Assisting at Greenville Tech. She has worked on a variety of Transitional Employment Program (TEP) jobs through Gateway and is currently on assignment at Furman University. Greta participates in the Wellness Initiative, having lost more than 40 lbs. and quit smoking in the past year. She travels to clubhouses throughout the US speaking about her recovery and helping train colleagues on the clubhouse model.



Greta G.